



CAPTA REPORT

Addendum E

FY2020

Illinois Department of Children and Family Services

CHILD ABUSE PREVENTION AND TREATMENT ACT REPORT
Annual Progress and Services Report for Basic State Grant
October 1, 2018 – September 30, 2019

INTRODUCTION

The Illinois Department of Children and Family Services (DCFS) is the designated agency to receive and distribute the Basic State Grant for the State of Illinois under the Child Abuse Prevention and Treatment Act (CAPTA). Annually, DCFS submits this CAPTA report as a part of the Annual Progress and Services Report (APSR). The CAPTA annual report, in addition to providing updates on the implementation/maintenance of CAPTA programming and activity in Illinois, also addresses instruction from the U.S. Department of Health and Human Services, Administration on Children, Youth and Families. **Program Instructions (PI) addressed in this annual report were issued February 26, 2019 (Log No: ACYF-CB-PI-19-02).**

This report details the goals of safety, permanency, and child and family well-being which continue to be the foundation and mission of DCFS for systemic and outcome measures aimed at improving the lives of Illinois children who are exposed to child abuse and neglect. The DCFS mission is to: (1) provide appropriate, permanent homes as quickly as possible for those children who cannot safely return home; (2) support early intervention; and (3) sponsor child abuse prevention activities in partnership with community-based programs. DCFS' vision is to act in the best interest of every child it serves, to help families by increasing their ability to provide a safe environment for their children, and by strengthening families who are at risk of abuse and neglect.

To effectively safeguard our children's rights and protect them from potential situations of physical or sexual abuse, DCFS personnel, other state agencies, and private citizens work collaboratively to deliver high quality evidence-based prevention and intervention programs. Through DCFS program and plan implementations, the Department strengthens coordination amongst all levels of government with agencies that are primarily community-centered, including not-for-profit, private, for-profit, civic, and faith-based agencies and organizations. Collectively, DCFS and these agencies emphasize the need for services and programs to be designed to meet the specific needs of children and families in communities where they live and have the greatest access.

Internally, DCFS has assembled a powerful cadre of officers and staff who have but one mission: the protection of our children and families. Meaningful and on-going partnerships continue to occur with the Children's Justice Grant Administrator, the Community-Based Child Abuse Prevention Grant Administrator, the Illinois citizen review panels, the CAPTA Grant Administrator, the Budget and Finance Committee, the grant monitors and managers, the Deputy Director, and supervisory staff. These partnerships continue to play an active role within DCFS for developing a consolidated plan which contributes to successful outcomes and measurements. These internal partnerships, along with our community-based partners, assist the State of Illinois

in meeting federal requirements related to child safety, permanency, and child and family well-being.

The State of Illinois continues to maintain laws that are compliant with the requirements of CAPTA. At the time of this report submission, no new laws had been enacted over the past year that would affect Illinois' participation in the CAPTA State Grant program. No Public Acts during this time have had an impact on DCFS relative to the prevention of child abuse and neglect that could adversely affect the State's eligibility for participation in the CAPTA grant program.

DCFS continues to engage many funding sources to ensure the successful programming of child abuse prevention programming. CAPTA funding, as well as funding through CB-CAP and Children's Justice, affords us the necessary financial support to sustain and grow our programs throughout the state.

PROGRAM INSTRUCTION: ACYF-CB-PI-19-02 issued February 26, 2019 requires responses to the following:

SECTION 6. CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE PLAN REQUIREMENTS AND UPDATE

- Describe substantive changes, if any, to state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the state's eligibility for the CAPTA State Grant (section 106(b)(1)(C)(i) of CAPTA).
- Describe any significant changes from the state's previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA. (See section 106(b)(1)(C)(ii) of CAPTA).
- Describe how CAPTA State Grant funds were used, alone or in combination with other federal funds, in support of the state's approved CAPTA plan to meet the purposes of the program since the state submitted its last update on June 30, 2016 (section 108(e) of CAPTA).
- Submit a copy of annual citizen review panel report(s). Include a copy of the state agency's most recent written responses to the panel(s) that describes whether or how the state will incorporate the recommendations of the panel(s) (as appropriate) to improve the child protection system. (See section 106(c)(6) of CAPTA.)
- Provide an update on the state's continued efforts to support and address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder (see section 106(b)(2)(B)(ii)-(iii) of CAPTA), including information on:
 - Any changes made to implementation and/or lessons learned from implementation;
 - Any multi-disciplinary outreach, consultation or coordination the state has taken to support implementation (e.g., among the state CPS agency, the state Substance Abuse Treatment Authority, hospitals, health care professionals, home visiting programs and Public Health or Maternal and Child Health Programs);

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- Monitoring of plans of safe care to determine whether and in what manner local entities are providing referrals to and delivery of appropriate services for substance-exposed informants and affected family members and caregivers;
- Technical assistance needs the state has determined are needed to receive to support effective implementation of these provisions.
- Submit the signed Governor's Assurance Statement (see Attachment C) that the state is in compliance with the provisions of section 106(b)(2)(B)(vii), as amended by Victims of Child Abuse Act Reauthorization Act of 2018 (P.L. 115-424). If unable to provide the assurance, the state must coordinate with the CB RO to develop a PIP. The PIP must address the specific steps the state will take to come into compliance with the provision by no later than June 30, 2020. The state must submit the PIP for approval by CB with the Annual CAPTA Report.
- Finally, to facilitate ongoing communication between CB and states on issues relating to CAPTA and child abuse and neglect, please submit the name, address, and email for the state CAPTA coordinator (also known as the State Liaison Officer) or where this information can be found on the state's website.

SECTION G. STATISTICAL AND SUPPORTING INFORMATION

CAPTA Annual State Data Report Items:

Each state receiving the CAPTA State Grant must annually provide, to the maximum extent practicable, an Annual State Data Report. The complete list of data elements to be included in the report can be found in section 106(d) of CAPTA. Most information for this report is collected through state participation in the National Child Abuse and Neglect Data System (NCANDS). The following items are to be included in the 2015-2019 APSR submission:

Information on Child Protective Service Workforce: For child protective service personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports in the state, report available information or data on the following:

- Information on the education, qualifications, and training requirements established by the state for child protective service professionals, including requirements for entry and advancement in the profession, including advancement to supervisory positions;
- Data on the education, qualifications, and training of such personnel;
- Demographic information of the child protective service personnel; and
- Information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor (section 106(d)(10) of CAPTA).

If the state was unable last year and continues to be unable this year to provide all the requested information relating to the child protective service workforce, please provide an explanation as

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to why that information is not currently available, and describe steps the state will take to be able to report the information in the future.

Juvenile Justice Transfers: Report the number of children under the care of the state child protection system who were transferred into the custody of the state juvenile justice system in FY 2018 (specify if another time period is used). Describe the source of this information, how the state defines the reporting population, and any other relevant contextual information about the data. (See section 106(d) (14) of CAPTA.)

DCFS RESPONSES:

Describe substantive changes, if any, to state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the state’s eligibility for the CAPTA State Grant (section 106(b)(1)(C)(i) of CAPTA).

As of this report, there have been no substantive changes to state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect that would adversely impact the state’s eligibility for the CAPTA State Grant. However, there have been changes to state laws within this plan year that seek to improve the quality of service provided by DCFS and to increase the probability of child abuse prevention, including the promotion of permanency by maintaining, strengthening and safeguarding the functioning of families to (1) prevent substitute care placement, (2) promote family reunification, (3) stabilize foster care placements, (4) facilitate youth development, and (5) ensure the safety, permanency and well-being of children.

ILLINOIS GENERAL ASSEMBLY		
PUBLIC ACT	ILLINOIS BILL	SYNOPSIS
100-0860 Fall 2018	House Bill 4885	Amends the Illinois Public Aid Code, providing that families with children under the age of 5 who have an open intact family services cases with DCFS shall be eligible for child care assistance under the Department of Human Services’ child care assistance program. Eligible families shall remain eligible for child care assistance 6 months after the child’s intact family services case is closed.
100-0680 Fall 2018	House Bill 4887	Amends the Children and Family Services Act, requiring DCFS to assist youth in care in identifying and obtaining documents necessary to function as an independent adult prior to the closure of the youth’s case to terminate wardship under the Juvenile Court Act of 1987. Also provides that is shall not be in the minor’s best interest to terminate warship of a minor over the age of 18 who is in the Department’s guardianship if DCFS has not made reasonable efforts to ensure that the minor has documents necessary for adult living.
100-0697 Fall 2018	Senate Bill 0293	Amends the Abused and Neglected Child Reporting Act, requiring DCFS, in cases concerning suspected child abuse or neglect which are maintained in the central register, to maintain all unfounded reports for a minimum of 5 years following the date of the final finding. It further extends the period the Department is required to maintain all prior unfounded reports pertaining to an individual who is the subject of a pending investigation to 5 years (rather than 12 months) or until the pending investigation has been completed.

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ILLINOIS GENERAL ASSEMBLY		
PUBLIC ACT	ILLINOIS BILL	SYNOPSIS
100-0705 Fall 2018	Senate Bill 2461	Amends the Children and Family Services Act, provided that no later than July 1, 2019, DCFS shall enter into contracts with public or private agencies or shall complete development for specialized placements for youth in the Department's care who are victims of sex trafficking and provides that such specialized placements may include, but not be limited to, licensed foster homes, group homes, residential facilities, and secure residential facilities that specialize in providing treatment to children who are victims of sex trafficking.
100-0625 Summer 2018	Senate Bill 3105	Amends the Abused and Neglected Child Reporting Act, providing that law enforcement officers, to assist DCFS in child protective investigations in its response to reports of child abuse or neglect, must, upon request of a child protection investigator, accompany the child protection investigator. ¹

Source: The Illinois General Assembly. <http://www.ilga.gov/>

Where appropriate or necessary in response to above legislation, DCFS has demonstrated compliance with said legislation via DCFS Policy Guide Updates, thus contributing to the ongoing likelihood of the state remaining eligible for federal funds:

DCFS POLICY GUIDE UPDATE	EFFECTIVE DATE	PURPOSE
2019.03	February 26, 2019	<p>Inform Child Protection/Child Welfare staff of changes to Procedures 300, Appendix G Child Endangerment Risk Assessment Protocol (CERAP) and Procedures 315, Appendix A Child Endangerment Risk Assessment Protocol (CERAP) and the CFS 1441 CERAP Safety Determination Form, 1441-A Safety Plan, CFS 1441-D Safety Plan Rights and Responsibilities for Parents and Guardians, CFS 1441-E Safety Plan Rights and Responsibilities for Responsible Adult Caregivers and Safety Plan Participants and the CFS 1441-F Safety Plan Responsibilities for Investigators and Caseworkers.</p> <p>These changes are to implement court ordered requirements into the policy and practice of child safety. These changes will be included in a revision of</p>

¹ Also amends the Department of State Police Law of the Civil Administrative Code of Illinois, the Counties Code, and the Illinois Municipal Code making conforming changes.

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DCFS POLICY GUIDE UPDATE	EFFECTIVE DATE	PURPOSE
		Procedures 300, Appendix G and Procedures 315, Appendix A.
2019.04	March 22, 2019	<p>Requirements for Reunification and After Care Services</p> <p>This policy issues new requirements and reinforces currently required activities that staff must perform:</p> <ul style="list-style-type: none"> • Immediately prior to reunification of children and families; • During the first 6 months after reunification; and • In preparation for after care and case closing.
2019.06	March 20, 2019	<p>New Administrative Procedure #30 Youth Voice is the result of changes made to The Children and Family Services Act [20 ILCS 505/39.3] by Public Act 99-0342. This new administrative procedure provides information and instruction to staff regarding the Department’s policy and practice of enabling youth who are in the care of the Department to have their issues and concerns heard and addressed.</p> <p>AP #30 provides instruction so that DCFS/POS staff can:</p> <ul style="list-style-type: none"> • quickly and consistently receive, catalog and address the input and feedback provided by our youth; • ensure that key DCFS personnel have this critical feedback so that the Department can respond and address the concerns of youth in an expedient and consistent manner; and • provide our youth with the assurance that they are important, that their voice will be heard and that their issues and concerns will be addressed. <p>Also, new CFS 496-2 DCFS Advocacy Office Youth Issues and Concerns is being issued for youth to use it to put their concern into writing, and for Advocacy staff to use for documenting the youth’s concern and the Department’s action on behalf of the youth.</p>

Describe any significant changes from the state’s previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA. (See section 106(b)(1)(C)(ii) of CAPTA).

The CAPTA Basic Grant funds, in part or in whole, support 19 provider agencies throughout Illinois:

- All Our Children’s Advocacy Center
- Amy Schulz Child Advocacy Center
- April House Child Advocacy Center
- CHASI
- Chicago Child Advocacy Center–
Mental Health
- Child 1st Center
- Children’s Place Association
- Guardian Center, Inc. Child Advocacy
Center
- Hamdard Healthcare
- Hobby Horse House of Jacksonville
- Madison County Child Advocacy
Center
- Parent Place
- Prevent Child Abuse Illinois
- Safe Families for Children
- Sangamon County Child Advocacy
Center
- University of Chicago - MPEEC
- University of Illinois - MERIT
- University of Illinois - PRC
- Will County Child Advocacy Center

Illinois has not made any significant changes from the State’s previously approved CAPTA State Plan in how the State allocates CAPTA funds to support one or more of the 14 system improvement categories as required under section 106(b)(1)(C)(ii). Each of the providers receiving CAPTA funds supports at least one, and in many cases, several, of the 14 categories designated under Section 106(a) of the Act:

1. **Section 106(a)(1)** - the intake, assessment, screening, and investigation of reports of child abuse or neglect;
2. **Section 106(a)(2)** - creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations; and improving legal preparation and representation, including procedures for appealing and responding to appeals of substantiated reports of abuse or neglect; and provisions for the appointment of an individual appointed to represent a child in judicial proceedings;
3. **Section 106(a)(3)** - case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families;
4. **Section 106(a)(4)** - enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response;
5. **Section 106(a)(5)** – developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange;

6. **Section 106(a)(6)** – developing, strengthening, and facilitating training including (a) training regarding research-based strategies, including the use of differential response, to promote collaboration with the families; (b) training regarding the legal duties of such individuals; (c) personal safety training for case workers; and (d) training in early childhood, child, and adolescent development;
7. **Section 106(a)(7)** – improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers;
8. **Section 106(a)(8)** – developing, facilitating the use of, and implementing research-based strategies and training protocols for individuals mandated to report child abuse and neglect;
9. **Section 106(a)(9)** – developing, implementing, operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions, including (a) existing social and health services; (b) financial assistance; (c) services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption; and (d) the use of differential response in preventing child abuse and neglect;
10. **Section 106(a)(10)** – developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response;
11. **Section 106(a)(11)** – developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level;
12. **Section 106(a)(12)** – supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems;
13. **Section 106(a)(13)** – supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs (a) to provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and (b) to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantial child maltreatment reports;
14. **Section 106(a)(14)** – developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies in (a) investigations, interventions, and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate; and (b) the provision of services that assist children exposed to domestic violence, and that also support the caregiving role of their non-abusing parents.

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ENGAGEMENT OF CAPTA 14 IMPROVEMENT CATEGORIES VIA STATE PROVIDERS														
Provider	1	2	3	4	5	6	7	8	9	10	11	12	13	14
All Our Children's CAC		X	X		X					X				
Amy Schulz CAC		X	X		X					X				
April House CAC		X	X		X					X				
CHASI			X						X					
Chicago CAC – Mental Health		X	X		X					X				
Child 1 st Center CAC		X	X		X					X				
Children's Place Association			X						X					
Guardian Center, Inc. CAC		X	X		X					X				
Hamdard Healthcare			X										X	X
Hobby Horse House			X	X		X		X			X			
Madison County CAC		X	X		X					X				
Parent Place			X											
Prevent Child Abuse Illinois				X		X	X			X	X		X	
Safe Families for Children						X	X							
Sangamon County CAC		X	X		X					X				
University of Chicago-MPEEC	X	X	X		X									
University of Illinois-MERIT	X		X		X					X				
University of Illinois-PRC	X		X		X					X				
Will County CAC		X	X		X					X				

Describe how CAPTA State Grant funds were used, alone or in combination with other federal funds, in support of the state's approved CAPTA plan to meet the purposes of the program since the state submitted its last update on June 30, 2017 (section 108(e) of CAPTA).

Many of the DCFS services and community-based programming funded by the CAPTA Basic State Grant funds are also funded in partnership through other existing federal funding sources: the Community-Based Child Abuse Prevention Grant and the Children's Justice Act Grant²:

FY19 FEDERAL FUNDS ALLOCATIONS ³			
Provider	CAPTA Funds	CJ Funds	CBCAP Funds
All Our Children's CAC	\$16,166.00	0	0
Amy Schulz CAC	\$20,517.61	0	0
April House CAC	\$25,536.00	0	0
CHASI	\$50,500.00	0	0
Chicago CAC – Mental Health	\$120,000.00	0	0
Child 1 st Center CAC	\$53,248.00	0	0
Children's Place Association	\$50,198.00	0	0

² Many of the providers also receive grants from state funding sources, and additional CJ and CBCAP funds are allocated to providers who may not receive CAPTA funds and therefore not represented in this table.

³ FY19 = July 1, 2018 through June 30, 2019 (the state fiscal year)

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FY19 FEDERAL FUNDS ALLOCATIONS³			
Provider	CAPTA Funds	CJ Funds	CBCAP Funds
Guardian Center, Inc. CAC	\$36,000.00	0	0
Hamdard Healthcare	\$132,500.00	0	0
Hobby Horse House	\$20,000.00	0	\$75,000.00
Madison County CAC	\$20,158.00	0	0
Parent Place	\$116,816.00	0	0
Prevent Child Abuse Illinois	\$49,464.00	0	\$350,000.00
Safe Families for Children	\$15,000.00	0	0
Sangamon County CAC	\$10,000.00	0	0
University of Chicago-MPEEC	\$45,000.00	0	0
University of Illinois-MERIT	\$65,873.81	\$69,126.19	0
University of Illinois-PRC	\$60,000.00	\$70,891.00	0
Will County CAC	\$20,655.00	0	0
TOTALS	\$927,632.42	\$140,017.19	\$425,000.00

Utilization of CAPTA Funds

A significant amount of CAPTA funds is directed to the Child Advocacy Centers of Illinois (CACI). All child advocacy centers (CACs) are part of the CACI statewide network. All CACs offer a cadre of services which are rooted in the not-for-profit organization’s driving principles: leadership, education and collaboration.

Established in 1995, CACI is the network that coordinates and provides a comprehensive response to child abuse in Illinois. As the leading resource on child abuse issues, CACI stays abreast of the latest research and literature in the child abuse field, as well as the most child-friendly approaches in investigation and treatment of child abuse.

CACs are dedicated to the multi-disciplinary, child advocacy approach and a coordinated, comprehensive response to child abuse. CACI offers discipline-specific trainings to its members throughout the year; CACI seeks opportunities to collaborate with partner agencies, such as the Illinois Attorney General’s Office, on education and public policy issues; and CACI guides its members on ‘best practices’ in the field. CACI, as well as each CAC in Illinois, is an accredited chapter of the National Children’s Alliance.⁴

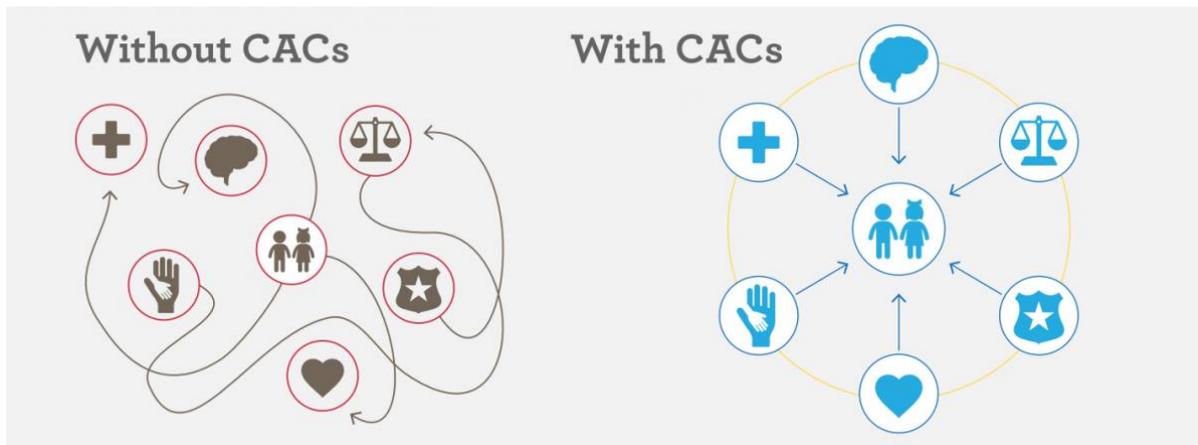
According to the National Children’s Alliance (NCA), to understand what a CAC is, “you must understand what children face without one.” Without a CAC, the child may end up having to tell the worst story of his or her life repeatedly, to doctors, cops, lawyers, therapists, investigators,

⁴ National Children’s Alliance is the national association and accrediting body for CACs. Formed in 1988, NCA has been providing support, technical assistance, and quality assurance for CACs, while serving as a voice for abused children for more than 25 years. A CAC is a child-friendly facility in which law enforcement, child protection, prosecution, mental health, medical and victim advocacy professionals work together to investigate abuse, help children heal from abuse, and hold offenders accountable.

judges, and others. They may have to talk about that traumatic experience in a police station where they think they might be in trouble, or may be asked the wrong questions by a well-meaning teacher or other adult that could hurt the case against the abuser.

When police or child protective services believe a child is being abused, the child is brought to the CAC—a safe, child-focused environment—by a caregiver or other ‘safe’ adult. At the CAC, the child tells his/her story **once** to a trained interviewer who knows the right questions to ask in a way that does not re-traumatize the child. Then, a team including medical professionals, law enforcement, mental health, prosecution, child protective services, victim advocacy, and other professionals, makes decisions as a unit about how to help the child based on the interview.

CACs offer therapy and medical exams, plus courtroom preparation, victim advocacy, case management, and other services. This is called the multi-disciplinary team (MDT) response and is a core part of the work of CACs.



Source: www.nationalchildrensalliance.org/cac-model

Submit a copy of annual citizen review panel report(s). Include a copy of the state agency’s most recent written responses to the panel(s) that describes whether or how the state will incorporate the recommendations of the panel(s) (as appropriate) to improve the child protection system. (See section 106(c)(6) of CAPTA.)

Under CAPTA, Illinois maintains four statewide Citizen Review Panels (CRPs):

1. Child and Family Advisory Council;
2. Child Death Review Teams;
3. Children’s Justice Task Force; and
4. Statewide Citizen Committee on Child Abuse and Neglect.

The objective of the citizen review panels is to increase system transparency, accountability, and provide opportunity for community input. Citizen review panels consist of volunteers who are a

broad representative of the communities served. The mandate of the Citizen Review Panels is to evaluate the extent to which the agencies are effectively discharging their child protection responsibilities. Each panel is to make recommendations to the state and public on improving the child protective service system. In addition, DCFS, as the designated agency to receive the State Grant, is required to respond in writing to the Citizen Review Panels' recommendations no later than six months after the recommendations are submitted. The DCFS response must include a description on whether the state will incorporate recommendations of the Citizen Review Panels (where appropriate) to make measurable progress in improving the State child protective system.

The Child and Family Advisory Council (CFAC) advises DCFS with respect to services and programs for children and adults under its care. All members are appointed to serve four-year terms.

The Child Death Review Teams (CDRTs) participate, when a child dies, in the accurate and complete determination of the cause of death, the provision of services to the surviving family members, and the development and implementation of measures to prevent future deaths from similar causes. Multidisciplinary and multiagency reviews of child deaths can assist the State and counties in reviewing child deaths, developing a greater understanding of the incidence and cause of child deaths, methods for preventing those deaths and identifying gaps in services to children and families. CDRTs also make specific recommendations to the DCFS Director and the Inspector General concerning the prevention of child deaths due to abuse or neglect and the establishment of protocols for investigating child deaths.

The Illinois Children's Justice Task Force (CJTF) is a multidisciplinary, legislatively-mandated advisory group that is charged with making recommendations to DCFS directed at improving investigative, administrative and judicial handling of child abuse cases in a manner that limits additional trauma to the child victim. Increased focus is placed on cases of child sex abuse/exploitation, child fatalities in cases where abuse or neglect is suspected and cases involving a combination of jurisdictions. The task force members are appointed by the DCFS Director to staggered four-year terms.

The Statewide Citizens Committee on Abuse and Neglect (SCAN) was created to advise and consult with the DCFS Director regarding matters related to child abuse and neglect in Illinois, including increasing public awareness of child abuse and neglect and proper reporting procedures.

Each Panel has a chairperson and vice-chairperson. Meeting dates, agendas, and minutes for each panel, as required by the Open Meeting Act, may be found on the DCFS website along with membership rosters of each panel.

A copy of the Citizen Review Panels' Annual Report and recommendations is submitted as a separate document by the DCFS Citizen Review Panels Coordinator.

Provide an update on the state's continued efforts to support and address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder (see section 106(b)(2)(B)(ii)-(iii) of CAPTA, as amended by the Comprehensive Addition and Recovery Act [CARA]).

- **Provide information on any changes made to implementation and/or lessons learned from implementation;**
- **Provide an update on any multi-disciplinary outreach, consultation or coordination the state has taken to support implementation (e.g., among the state CPS agency, the state Substance Abuse Treatment Authority, hospitals, health care professionals, home visiting programs and Public Health or Maternal and Child Health Programs);**
- **Provide a brief update on the state's monitoring of plans of safe care to determine whether and in what manner local entities are providing referrals to and delivery of appropriate services for substance-exposed informants and affected family members and caregivers;**
- **Describe any technical assistance needs the state has determined are needed to receive to support effective implementation of these provisions.**

The Abused and Neglected Child Reporting Act mandates that DCFS and the Illinois Department of Human Services-Division of Alcoholism and Substance Abuse (DHS-DASA) collaborate to develop and implement a system of services for DCFS families impacted by substance abuse disorders (325 ILCS 5/1). To implement the provisions of this Act, DCFS and DASA have entered into an inter-governmental agreement for serving DCFS families impacted by substance use disorders. The latest version of this Agreement is currently being negotiated and is attached.

The DHS-DASA appropriation includes a line to provide substance use disorder treatment and recovery support services to DCFS involved families. The Governor's FY19 budget request for DHS-DASA includes \$7.365 million for services to DCFS youth and families. Medicaid funds are also available for substance use disorder assessment and treatment services.

DCFS and DHS-DASA staffs jointly monitor services to DCFS families impacted by substance use disorders. An interagency workgroup made up of DCFS and DASA staff meet at least quarterly to monitor the services to DCFS families as outlined in the intergovernmental agreement. Additionally, the DCFS Director or the Director's designee is a permanent member of the DASA Advisory Council on Alcohol and another Drug Dependency.

Through DCFS's current policies and procedures, the requirements for 1) identifying infants born substance exposed, 2) such infants being involved in a "plan of safe care," and 3) referrals being made for all needed services, are clearly stated. The SACWIS system, however, is not currently built to track each of these data points. Easily identifiable are the infants born substance-exposed. Therefore, in May of 2017, DCFS's Office of Internet Technology Services (OITS) could pull case information on all indicated maltreatment reports for allegation 65, Substance Abuse by Neglect, between the dates of June 2, 2016 and March 23, 2017. To identify the "plans of safe care" and "services referred," an individual examination of cases was to be completed.

In total, 547 cases were identified, and 35 of these were randomly chosen for closer review. Staff were able to categorize cases as having one of four “plans of safe care:” 1) child was taken into foster care; 2) an intact family case was opened (or was currently opened due to previous issues) with a safety plan put into place; 3) the parent(s) had already made a care plan for the child, generally involving a relative or friend who was willing to take the child for adoption or guardianship; or 4) the baby was given up for adoption to an agency. In any of these cases, the DCFS investigator would have a variety of follow-up activities, often involving interviewing relatives or friends who would provide care for the infant, completing Home Safety Checklists for any home where the child would be staying, and running background checks on caregivers. In all cases subjected to review, these required activities were completed. Additionally, the sample cases were reviewed to ascertain if the infant and the parent/caregiver were referred to services, and again, in all reviewed cases these activities were completed.

DCFS will, in the very short-term, reconvene a collaborative work group with the following short-term objectives: Review all previous work/efforts towards complying with the CAPTA requirements; Identify and review any current/in-place plans meeting Safe Care criteria; identify and collaborate with other stakeholders as directed by CAPTA; Identify and review any existing Safe Care models used by other agencies/States (Georgia and Delaware have been potentially identified as having developed solid models); create a viable plan for further development inclusive of a timeline for proposed completion, implementation and follow-up as required.

To ensure that these changes will consider all service areas and encompass all needed information, members of this workgroup include staff from OITS, Child Protection, Clinical Practice, Child & Family Policy, Grants Unit, and Quality Enhancement.

Illinois continues to enhance the goals prescribed in the PI. In addition to the update provided above, DCFS is integrating a reporting process that will incorporate all the data processes identified below.

Information on Child Protective Service Workforce: For child protective service personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports in the state, report available information or data on the following:

- **Information on the education, qualifications, and training requirements established by the state for child protective service professionals, including requirements for entry and advancement in the profession, including advancement to supervisory positions;**
- **Data on the education, qualifications, and training of such personnel;**
- **Demographic information of the child protective service personnel; and**
- **Information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor (section 106(d)(10) of CAPTA).**

Listed below are child service worker job titles, descriptions, and educational qualifications:

Job Title:
A Public Service Administrator, Opt 6, And Intact Supervisor Position

General Description: Under administrative direction of the Intact Manager, serves as working supervisor, planning, supervising, reviewing, and coordinating the activities of a team of professional caseworkers engaged in providing child welfare and/or protective services to children and families; directs the Team Service Program within the existing framework of statutes and policies of the Agency; serves as liaison with other disciplines, agencies, and community resources; establishes performance goals and objectives.

Qualifications: Requires a master's degree in social work from a recognized college or university and three years administrative child welfare experience or a master's degree in an acceptable human services field from a recognized college or university and four years administrative child welfare experience; requires a valid driver's license.

Special Requirements: Current State employees seeking a promotion must submit a Notice of Interest in Vacancy Form, a CMS 100 Employment Application and a CMS promotional "A" grade for the title or apply for a promotional grade by submitting their CMS 100B Promotional Application to the Department of Central Management Services during the posting period. If bidding on the same title and option, submit Notice of Interest in Vacancy Form and CMS 100 Employment Application. If bidding on a vacancy in a different title (lateral or voluntary reduction), the employee must pre-qualify for that title by submitting a CMS 100 Employment Application along with Notice of Interest in Vacancy Form.

Job Title:
Child Welfare Specialist

General Description: Under general supervision of the team supervisor, performs experienced professional child welfare casework services and protective services; formulates an assessment of emotional, social, or mental health problems and participates in the development of treatment plans for children and families; develops and maintains liaison roles with various community agencies; interprets agency responsibilities to the community; assigned to 24 hour 'on call' duty as necessary, in addition to normal assignments to ensure that services are provided as mandated by statute and policy.

Qualifications: Preferably requires a master's degree in social work; or a master's degree in a related human service field, supplemented by one year of directly related professional casework/case management experience; or requires a bachelor's degree in social work and one year of directly related professional casework/case management experience; or requires a bachelor's degree in a related human service field and two years of directly related professional casework/case management experience and/or criminal justice background and/or experience; requires possession of a valid driver's license, daily access to an automobile, and proof of vehicle insurance; requires physical, visual and auditory ability to carry out assigned duties. The college

or university issuing a bachelor's or master's degree must be accredited, and the degree program in social work must be approved by the Council on Social Work Education. The directly related professional casework/case management experience must be related to family preservation, family reunification, adoption, youth development, counseling, and advocacy services or a related field. The human services degrees refer to social work, psychology, psychiatric nursing, psychiatry, mental health counseling, rehabilitation counseling, pastoral counseling, marriage and family therapy, and human services.

Special Requirements: Current State employees seeking a promotion must: (1) possess a CMS Promotional "A" Grade for the title or (2) apply for a promotional grade by submitting your CMS 100B to the Department of Central Management Services during the posting period. If bidding on a vacancy in a different title (lateral or voluntary reduction), the employee must pre-qualify for that title by submitting a CMS 100 Employment Application with the bid form.

Job Title:
Child Protection Specialist

General Description: Under direction of the team supervisor, receives and investigates reports of physical and sexual abuse and neglect reported by mandated and other sources; assesses immediate safety and risk factors of involved children and takes necessary protection action; makes recommendations about investigative findings; implements short-term services including concrete services directly or through family advocates; assigned to 24 hour 'on call' duty as necessary, in addition to normal assignments to ensure that services are provided as mandated by statute and policy.

Qualifications: Preferably requires a master's degree in social work and two years of directly related professional experience; **or** requires a master's degree in a related human service field and two years of directly related professional experience; **or** requires a bachelor's degree in social work and four years of directly related professional experience; **or** requires a bachelor's degree in a related human service field and four years of directly related professional experience; requires possession of a valid driver's license, daily access to an automobile, and proof of vehicle insurance; requires physical, visual, and auditory ability to carry out assigned duties.

Direct related professional experience includes casework/case management experience related to family preservation or family reunification, adoption, youth development, counseling, and advocacy services or a related field. The college or university issuing a degree must be accredited, and the degree program in social work must be approved by the Council on Social Work Education. The related human service degree refers to social work, psychology, psychiatric nursing, psychiatry, mental health counseling, rehabilitation counseling, pastoral counseling, marriage and family therapy, and human services.

Special Requirements: Current State employees seeking a promotion must submit a Notice of Interest in Vacancy Form, a CMS 100 Employment Application and a CMS promotional "A" grade for the title or apply for a promotional grade by submitting their CMS 100B Promotional

Application to the Department of Central Management Services during the posting period. If bidding on the same title and option, submit Notice of Interest in Vacancy Form and CMS 100 Employment Application. If bidding on a vacancy in a different title (lateral or voluntary reduction), the employee must pre-qualify for that title by submitting a CMS 100 Employment Application along with Notice of Interest in Vacancy Form.

Job Title:
Child Protection Associate Specialist

General Description: Under direct supervision, protects children by performing developmental level work related to investigations of alleged child neglect, abuse and sexual abuse cases, interviews alleged victims and perpetrators, other members of the household and witnesses; participates in home assessment for danger to child; participates in preparation and documentation of case file for custody hearings and perpetrator prosecution; carries an increasing case load with decreasing closeness of guidance and review by supervisor and/or higher level protection specialists; testifies in court; completes agency-sponsored training programs.

Qualifications: Preferably requires a master's degree in social work and one year of directly related professional experience, including casework/case management experience related to family preservation or family reunification, adoption, youth development, counseling, and advocacy services, or a related field; **or** requires a master's degree in a related human service field, in criminal justice, criminal justice administration, or law enforcement and one year of directly related professional experience, including casework/case management experience related to family preservation or family reunification, adoption, youth development, counseling, and advocacy services, or a related field; **or** requires a bachelor's degree in social work and three years of directly related professional experience, including casework/case management experience related to family preservation or family reunification, adoption, youth development, counseling, and advocacy services, or a related field; **or** Requires a bachelor's degree in a related human service field, in criminal justice, criminal justice administration, or law enforcement and three years of directly related professional experience, including casework/case management experience related to family preservation or family reunification, adoption, youth development, counseling, and advocacy services, or a related field.

The college or university issuing a degree must be accredited, and the degree program in social work must be approved by the Council on Social Work Education.

Job Title:
Child Protection Advanced Specialist

General Description: Under general direction, functions as an experienced, MSW-qualified child protection advanced specialist, performing casework and case management functions of advanced complexity and difficulty. Work roles included at this level involve recurring responsibilities for: complex case management services, substitute supervisor on a rotating basis, qualified technical consultant and mentor to less experienced/lower level staff, peer reviewer for

the ongoing quality improvement process; assists unit supervisor with assignment and review of the more complex cases, analysis of unit statistics and acting as official unit liaison to law enforcement agencies, other agencies such as drug treatment agencies and/or public health, States Attorney Offices, hospitals and schools; provides work guidance and direction to a staff of less experienced/lower level child protection specialists with advice regarding investigative techniques, testimony preparation, paper work completion and areas of concern to be investigated; protects children by conducting investigations of alleged child neglect/abuse and sexual abuse; successfully completes agency-sponsored training programs and meets mandatory licensure requirements.

Council on Accreditation Standards for this work requires experienced, MSW qualified individuals to perform at this level, which is a stated requirement for this classification.

Qualifications: Requires a master's degree in social work and two years of directly related professional experience as a Child Welfare Specialist or Child Protection Specialist in the Department of Children and Family Services.

The college or university issuing a degree must be accredited, and the degree program in social work must be approved by the Council on Social Work Education.

Training needs required of child protective personnel:

Enhanced Safety Model/Child Protection Skills Training.

This training module supports the skill and ability of child protection investigation staff to implement the revisions to Department Rule and Procedure 300. Training continues to be conducted when policies and procedures are revised and updated. Training is generally conducted through a train-the-trainer model of delivery utilizing designated child protection management staff, web meetings and on-line technology. Training will also occur at the work team level with the direct participation of the supervisory staff.

Enhanced Safety Practice Program (STEP) Model/Critical Thinking in the Assessment of Child Safety.

This module supports the skill and ability of all DCFS and POS agency child protection and child welfare casework and supervisory staff to learn and apply a critical thinking model to the gathering and analysis of child safety assessment information. The module also implements the use of the Child and Adolescent Needs and Strengths (CANS) instrument to record and document the assessment of risk, as distinct from the immediate threat to safety resulting from maltreatment. Key case work practice issues are addressed: quality of initial and ongoing assessments of risk and safety, including the use of formal and informal assessment tools; monitoring safety plans, quality of assessment and engagement during investigations, monitoring safety with in-home cases, and quality of risk and safety assessment at case closure and to identify needed services. Training for all DCFS and POS staff continues to be conducted.

Enhanced Child Endangerment and Risk Assessment Protocol (CERAP).

This module supports the skill and ability of staff to use the enhanced safety assessment protocol to conduct the assessment of child safety. This module instructs staff on the use of the upgrades to the SACWIS information system to both record and analyze safety assessment information, and to record and document the safety plan in support of controlling safety threats and preventing repeat child maltreatment. Staff will also learn how to use SACWIS as a tool in documenting the CERAP safety assessment, CANS Risk Assessment, and other automated enhanced case planning and assessment tools. Trainings are also conducted for all DCFS and POS agency staff utilizing the Departments web-meeting technology. This training enables staff to have hands-on experience with the changes to the SACWIS system.

Also, the Learning Collaborative model remains mandatory. The Learning Collaborative model will not replace traditional training methods, but is intended to assist with improvement of quality, effectiveness provisions and availability of trauma—informed intervention service delivery. DCFS is committed to on-going training for frontline staff and ensuring compliance of 20 training hours per each two-year cycle. The training plan for the Division of Child Protection is designed for skill building, practice improvement and enhancement to the department overall to safety and risk. Some key trainings sessions include: Child Abuse Injury Reconstruction Techniques; Psychological First Aid; Medical Aspects of Child Maltreatment; Child Trauma; Developmental Disabilities and Error Reduction.

Demographic information of the child protective service personnel:

The Department continually identifies critical vacancies, changing demographic patterns, and staffing levels relative to intake and/or needs of the community to determine the best strategic options. A comparison of demographics over a year’s time (report date 7/6/15 and report date 6/30/16) illustrates a consistency in DCFS’ commitment to diversity and inclusiveness:

Child Protection Workers as of May 1, 2019						
Regions	Central	Cook Central	Cook North	Cook South	Northern	Southern
Total Count	202	78	76	87	177	108
Advanced Spec	25	6	7	7	19	29
Specialist	177	72	69	80	158	79

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Child Protection Workers Demographics as of May 1, 2019
Child Protection Advanced Specialist

Region	Central	Cook Central	Cook North	Cook South	Northern	Southern
African American Female	5	3	3	6	5	6
African American Male	1	0	0	0	3	0
Asian/Oriental Female	0	0	0	0	0	0
Asian/Oriental Male	0	0	2	0	0	0
Hispanic Female	0	2	1	1	5	0
Hispanic Male	1	0	0	0	2	0
Indian Female	0	0	0	0	0	0
Indian Male	0	0	0	0	0	0
White Female	15	0	1	0	4	20
White Male	3	1	0	0	0	3
Demographic Totals	25	6	7	7	19	29

Child Protection Workers Demographics as of May 1, 2019
Child Protection Specialist

Region	Central	Cook Central	Cook North	Cook South	Northern	Southern
African American Female	32	39	32	64	56	23
African American Male	4	7	6	4	14	6
Asian/Oriental Female	0	0	1	0	0	0
Asian/Oriental Male	0	0	2	0	1	0
Hispanic Female	1	16	11	6	20	0
Hispanic Male	1	2	8	0	6	0
Indian Female	1	0	0	0	1	0
Indian Male	0	0	0	0	0	0
White Female	101	7	8	4	45	41
White Male	37	1	1	2	15	9
Demographic Totals	177	72	69	80	158	79

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Child Protection Workers Demographics as of May 1, 2019
Child & Family Services Intern/OPT 1 & 2

Region	Central	Cook Central	Cook North	Cook South	Northern	Southern
African American Female	0	0	0	0	1	0
African American Male	0	0	0	0	0	0
Asian/Oriental Female	0	0	0	0	0	0
Asian/Oriental Male	0	0	0	0	0	0
Hispanic Female	0	0	0	0	1	0
Hispanic Male	0	0	0	1	1	0
Indian Female	0	0	0	0	0	0
Indian Male	0	0	0	0	0	0
White Female	1	0	0	0	1	0
White Male	0	0	0	0	0	0
Demographic Totals	1	0	0	1	5⁵	0

Child Protection Service Personnel Statewide as of April 5, 2019:⁶

	Central Region	Northern Region	Southern Region	Cook Central	Cook Northern	Cook Southern
# of Investigations	1,964	1,971	1,044	642	636	821
Child Protection Worker	184	140	99	45	43	68
Child Protection Worker – Spanish Speaking	0	22	0	18	15	7
Child Protection Intern	1	5	0	0	0	0
Child Protection Intern – Spanish Speaking	0	0	0	0	0	1
Child Protection Floater	4	1	3	0	0	0
Child Protection Floater – Spanish Speaking	0	0	0	0	0	0
DAI	14	3	2	17	11	13
TOTAL WORKERS	203	171	104	80	69	89
TOTAL WORKERS COOK COUNTY					238	

⁵ Total includes one classification of “Other” (female)

⁶ Source of CPS Personnel Data and Case Load Investigation Data: *DCFS Caseload & Vacancy Report*, as of 4/5/19

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Caseload Investigation Ratios by Statewide Region (excluding Cook County) as of April 5, 2019

Region	# of Investigations	Actual Child Protection Workers	Caseload Investigation Ratio
Central Region	1,964	203	10:1
Northern Region	1,971	171	10:1
Southern Region	1,044	104	10:1
Region Totals	4,979	478	

Caseload Investigation Ratios by Cook County Region as of April 5, 2019

Cook County Region	# of Investigations	Actual Child Protection Workers	Caseload Investigation Ratio
Cook Central	642	80	10:1
Cook North	636	69	10:1
Cook South	821	89	10:1
Cook County Totals	2,099	238	

Children Under the State Child Protection System Transferred Into the Custody of the Illinois Department of Children Justice (IDCJ):

Within Illinois, youth in the care of DCFS are not transferred to the sole custody of the state juvenile justice system or the adult correctional system. Alternatively, the youth are dually involved and tracked - they are clients of both systems simultaneously.

Fiscal Year 18 reports are not available as of the date of this printing.

DCFS reports on the number of youth housed in detention facilities operated by cities or counties. Utilizing historical living arrangement data developed from the Department's CYCIS identified those youth that spent at least one day during state FY2017 in a DET living arrangement (DET = city or county detention facilities, jails):

YOUTH SERVED IN DET LIVING ARRANGEMENT DURING STATE FISCAL YEAR 2017	
Unique Cases	Total Admissions
763 ⁷	1,438

Instances refers to the total number of placements in DET facilities that the 819 **unique cases** experienced in FY2017. Often, youth are transferred between facilities in a city or county, which is much more common than moves between state facilities.

⁷ Includes youth involved with either of the two state-wide programs (Illinois Juvenile Justice and the Illinois Department of Corrections).

ILLINOIS CAPTA STATE PLAN - UPDATES⁸

DCFS operates on the premise that families and children are best served in the communities in which they live. This is accomplished through an array of services provided by local agencies and carefully selected by the families to meet their individual needs. These services are directed towards preventing the unnecessary separation of children from their families.

All Our Children's Advocacy Center. The goal of All Our Children's Advocacy Center is to lessen the trauma a child faces during a sexual abuse investigation. AOCAC is dedicated to serving the needs of children, families, and communities affected by the trauma of abuse.

AOCAC believes that coordinating the efforts of investigative professionals will increase the ability to help victims and their families. AOCAC collaborates with local law enforcement agencies, DCFS, and the Cook County State's Attorney's Office to streamline the investigative process.

To minimize the stress a child undergoes in an investigation, AOCAC uses the Forensic Interview (FI). Victim are interviewed in a warm, caring environment that is sensitive to the child's needs and developmental level. This collaborative approach minimizes the stress a child undergoes in an investigation, and brings together the expertise of a multi-disciplinary team of professionals.

AOCAC serves abused children ages 3-17 and provides individual and family counseling, support groups and crisis intervention.

County of Service: 34 Southwest Suburbs of Chicago. Client capacity is 120 clients at any given time.

Annual Goals and Outcomes have included:

- Providing assessments of 120 children and families interviewed to determine follow-up needs and making appropriate referrals whenever necessary;
- Providing mental health referrals to 100 children and their non-offending family members;
- Providing crisis counseling to 50 children and their non-offending family members;
- Providing information about Victim Compensation to 50 non-offending families;
- Providing referrals to the Victim Witness program;
- Providing educational information regarding the court process;
- Providing referrals for medical evaluations for 60 children;
- Coordinating and facilitating MDT Case Reviews 12 times per year or as necessary;
- Establishing networking agreements with 30 police departments;

⁸ References to fiscal years in this section correspond to the state fiscal year – reports are delivered based upon the state FY rather than the federal FY. For instance, references to FY18 = July 1, 2017 – June 30, 2018; FY19 = July 1, 2018 – June 30, 2017.9

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- Familiarizing 12 police departments with the protocol for child sexual abuse investigations within Cook County as well as the services of the AOCAC;
- Coordinating and facilitating 4 multi-disciplinary Investigators' Forums; and
- Establishing networking agreements with 2 social service providers.

Amy Schulz Child Advocacy Center. Amy Schulz CAC provides victim advocacy. Direct services are provided to improve assessment, networking, coordination, and support and referral services on behalf of the victims of child sexual abuse and their families. Counties served: Clay, Clinton, Hamilton, Jefferson, Marion, Washington and Wayne.

Amy Schulz:

- Provides advocacy services that include assessment of the child's potential trauma level at disclosure, the need for services and to make necessary referrals for counseling and specialized medical exams. Transportation will be provided to specialized medical exams and for those families who have no means to transport themselves to counseling sessions.
- Advocates for the child within the family structure and in the court system through familiarizing the child with the physical courtroom setting, accompanying the child to court, and interfacing with the State's Attorney's office as needed.
- Provides advocacy services for the non-offending caretakers and other family members through assessment of their needs and making necessary referrals.
- Coordinates forensic medical examinations after a child victim has made a disclosure of penetration. The agency is affiliated with Children's Medical Resource Network. This network is sponsored by SIU School of Medicine and is led by Dr. Kathy Swafford.
- Maintains an online resources gallery, accessible through their website.

Accomplishments and programming:

- **Body Boundaries:** The Amy Center has developed the program **Body Boundaries**, a comprehensive sexual abuse prevention program offered to pre-k 8th grade children in seven counties. The curriculum is designed to teach children about patterns of abuse, how to avoid unwanted attention and touches, and to give practical instruction for those who are being victimized. **Body Boundaries** includes topics such as:
 - My body belongs to me
 - My body's alarm warns me
 - I can say **NO!**/Get Away
 - Go Tell a Grown-Up
 - It's Not My Fault/I'm Not to Blame

A parent guide has been developed to assist parents in keeping their children safe including internet safety and techniques used by offenders including 'grooming.' Other tips include how to recognize signs of abuse or potential danger.

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Outcomes (FY18):

- Served 247 clients (plus their non-offending family members) in Clay, Clinton, Hamilton, Jefferson, Marion, Washington and Wayne counties
- Conducted 171 forensic interviews
- Prevention Educators presented the Body Boundaries Program in 48 schools to over 6,000 children plus 296 teens
- Sponsored 5 fund raising events: Celebrity Waiter, Harlem Wizards, Golf Scramble, 5k Run and "Remembering Amy 30 Years Later" in Kell

April House Child Advocacy Center. High quality forensic interviews are provided in a child receptive environment to children of the Whiteside County. Client Capacity under DCFS Contract: 85-95.

Services are provided to children and their non-offending caretakers to prevent substitute care placement, and to ensure the safety and well-being of children. Law enforcement referrals are 15-20 children annually, with a total number of children served estimated at 100-110 annually. Adult victims of sexual assault with intellectual impairments who communicate developmentally as children, and, adult victims who demonstrate severe emotional trauma are also considered for services on a case-by-case basis upon request of the MDT. The Executive Director/Forensic Interviewer for April House serves as a trainer for the Illinois State Police Academy providing information about talking with children involved in allegations of abuse or other victim-based crimes.

Children's Home & Aid Society of Illinois (CHASI). CHASI offers innovative programming for HIV-affected families, including Red Ribbon Trails, a statewide family retreat program designed specifically for HIV-affected families, and Family Options, a program of legal and social work services for HIV-affected families who wish to make future care and custody plans for their children. HIV disclosure services for families are offered statewide. Various support groups, including a group for grandparents raising their grandchildren, are also offered and a Client Advisory Committee allows for extensive client input into the services provided.

CAPTA provides partial support to Children's Home & Aid's Red Ribbon Trails program, an evidence-informed intervention designed to support family stability and encourage permanency in HIV-affected families statewide by providing them with therapeutic and educational sessions designed to bring families closer together, address Protective Factors, and develop their own internal support systems. Funding from this contract also supports child safety, permanency, and child and family wellbeing by creating leadership roles for client caregivers through the Client Advisory Committee. During Client Advisory Committee meetings, adult clients conceptualize improvements in care and discuss various issues that they have experienced during the family permanency planning process. This contract provides partial funding for Children's Home & Aid efforts to maintain its statewide network of education, information, and assistance to families.

Chicago Child Advocacy Center. Chicago CAC is the front-line responder in Chicago to reports of child sexual abuse, as well as reports of physical abuse of children under age 3. Chicago CAC is the city's only not-for-profit organization that coordinates the efforts of child protection staff, law enforcement professionals, family advocates, medical experts and mental health clinicians under one roof. Chicago CAC:

- Facilitates a collaborative response (from CAC and their partners)
- Conducts forensic interviews
- Provides family advocacy and crisis intervention services
- Provides mental health therapy

All Chicago CAC's services are aimed at reducing trauma so children and families may begin the healing process. Chicago CAC's services are free of charge to every client.

Services:

- **Response to sexual abuse** – Chicago CAC responds to reports of child sexual abuse as part of a MDT of experts. Together they investigate alleged abuse, conduct forensic interviews, provide family advocacy, reduce trauma and identify resources so that children and families may begin the healing process.
- **Education, Outreach and Prevention** – Chicago CAC's education, outreach and prevention team facilitates trainings for professionals and community members on preventing, recognizing, responding to and reporting abuse. In addition, the team conducts trainings on trauma-informed environments, protecting children with disabilities and more.
- **Forensic Interviews** - In addition to providing forensic interviews for children who have been sexually abused, Chicago CAC also interviews children who have experienced other types of abuse, have witnessed violence or have special needs that may make a traditional interview more difficult.
- **Medical Clinic** – Cook County Health & Hospitals System runs the on-site medical clinic. Four board-certified CAPs staff the clinic and provide comprehensive, developmentally-sensitive, trauma-informed medical assessments and care for child sexual abuse.
- **Mental Health Services** – Chicago CAC's mental health team helps children heal from the trauma of abuse. In the Family Hope Center, therapists create a comfortable, safe space for children to tell their trauma stories, identify and overcome challenges, develop positive coping skills and build healthy relationships.
- **Community Collaborations** – Chicago CAC convenes collaborative partnerships to prevent and respond to sexual abuse. Together, they meet the needs of specific

communities, taking their unique challenges and opportunities into account while working to keep children safe and help them heal.

- **Coalition Against Sexual Abuse of Children with Disabilities** – CASACD aims to educate professionals and caregivers about the risks of sexual abuse to children with disabilities, signs of sexual abuse and steps they can take to prevent abuse.
- **Raising Awareness in Service and Empowerment of African-American Families Coalition** - RAISE Coalition aims to improve engagement in mental health services among African-American children and youth who have been sexually abused.
- **Providing Access Toward Hope and Healing Collaboration** – PATHH is a group of mental health providers committed to improving the mental health system in Chicago.

Because of unmet mental health needs the Chicago CAC Mental Health program with other service providers formed a Network of Treatment Providers (NTP) called the PATHH Collaboration, governed by a Memorandum of Understanding in partnership with other nonprofit agencies united and working together to serve abused children and their families to broaden and bridge access to mental health services. Chicago CAC is the lead agency and fiscal agent of the PATHH Collaboration. Agencies participating in the project include: Uhlich Children's Advantage Network; Catholic Charities, Center for Contextual Change; Community Counseling Center of Chicago; YWCA Rise Children's Center; La Rabida Children's Hospital-Chicago Child Trauma Center; Juvenile Protective Association; Children's Research Triangle; Jewish Research Triangle; Jewish Child and Family Services and Lurie Children's Hospital.

- **Community Advisory Council** – The mission of Chicago CAC's Community Advisory Council is to broaden awareness of child sexual and physical abuse and the center as a resource. Members of this group receive training and serve as ambassadors for Chicago CAC in their communities and beyond. Activities include:
 - Distributing Chicago CAC materials to local groups, including civic, religious, school and business organizations;
 - Assisting with Chicago CAC's annual awareness event in recognition of April as Child Abuse Prevention Month;
 - Participating in legislative outreach to help ensure stable funding for Chicago CAC and to advocate for strategic legislation related to child abuse; and
 - Making introductions to individuals, organizations and communities that would benefit from receiving outreach about Chicago CAC and its services.

Chicago CAC FY18 highlights:

- Coordinated a multi-disciplinary response to 2,563 reports of child abuse
- 2,036 families received advocacy services
- 3,309 children received child life services

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- 425 individuals received mental health services
- 1,859 forensic interviews conducted
- 521 children received medical exams
- 1,590 families transported to the center

Child 1st CAC (Macon County Child Advocacy Center). The Child 1st Center provides a safe, neutral space with assigned personnel designated for the investigation and coordination of services for children alleged to have been victims of child sexual and serious physical abuse. These services are designed to facilitate joint investigations, reduce the trauma of repeated interviews, and initiate services that result in victims' and family healing.

All interviews conducted at the Center are primarily conducted by the forensic interviewer on staff, and when the interviewer is unavailable, one of the assigned MDT members who has successfully completed an approved course in forensic interviewing of children will conduct the interview. Interviews at the Center are recorded using a PC based digital recording system. The recording is copied on to DVD which is provided to law enforcement in accordance with the protocol.

Case Management and Advocacy - The CAC provides comprehensive case management services which include establishing social histories with children and families, identifying areas of concern and areas of need for making referrals; providing ongoing support; identifying community resources for children and making appropriate referrals for services; assessing progress in securing appropriate service and meeting recovery related goals; assisting and accompanying clients with consequent legal proceedings; notification of court proceedings; conducting follow up interviews as needed and participating in post interview case reviews and twice monthly MDT case review meetings.

Crisis Intervention - Through linkage with Growing Strong Sexual Assault Center, ABC Counseling, and Heritage Behavioral Health Center, crisis intervention counseling services are available to every child referred to the CAC and their non-offending family members/caregivers. Crisis intervention services include assessments for children and their family members, short term crisis counseling and emotional support, education, information and referral, and linkage to long term treatment, when appropriate.

Case Tracking - The CAC maintains client case files and a comprehensive computerized tracking system to receive and coordinate information concerning child sexual and serious physical abuse cases coming to the Center. Periodic review of open cases ensures that children and families are receiving support and community services to reduce the trauma and long-term effects of child abuse.

Case Review – MDT Case Review meetings are held every other week at the Center on non-jury weeks and the meeting is scheduled to accommodate the State's Attorney trial schedule and law enforcement shift changes. Piatt County case review is scheduled for the 2nd Thursday of the month unless the team decides a schedule change is necessary.

Peer Review - The Child 1st Center forensic interview staff participates in CACI regional peer review to assist the interviewer in maintaining and improving skills as scheduling permits. At each session, the team reviews recorded interviews, discusses techniques used, provides constructive feedback on the interviewers' skill utilized, and discusses articles and topics relevant to interviewing and investigations. Peer review is scheduled quarterly and participation is tracked.

Prevention and Community - The Child 1st Center promotes interdisciplinary communication, participates in and coordinates community education and prevention services, and facilitates specialized training for personnel from local law enforcement departments, child welfare agencies, and social service providers. Funding from local fines and fees and donations supports these efforts.

The Children's Place Association. Children's Place provides critical assistance to children and their families in four key areas of impact: health, education, family stability and financial stability.

Children's Place intervenes at critical points in a child's development by stabilizing the most vulnerable children and families, crafting personalized plans for their well-being, and providing comprehensive services that break the cycles of poverty and illness. Opened to service children with HIV/AIDS, today Children's Place helps kids and families confronting both serious health issues – such as cancer, epilepsy, autism and HIV – and extreme poverty. The agency's comprehensive services are designed to maximize impact on a child's future and empower them to become successful adults.

The Arthur E. Jones Early Childhood Care and Learning Center

The Arthur E. Jones Early Childhood Care and Learning Center serves the developmental needs of children. Originally opened for children affected by HIV/AIDS, the Center now serves many low-income children, ages 6 weeks to 5 years old, whose families are challenged by various health conditions and disabilities.

Most of families served are single-parent households with a family member (adult and/or child) facing a serious health condition. The program is one of Chicago's only early education centers with on-site health services, including a full-time registered nurse who coordinates screening and special therapies. Staff and teachers also deliver specialized curriculum, customized to meet the needs of each individual child. Despite numerous challenges, 100% of children graduating from the Center are fully prepared for kindergarten, as indicated by nationally recognized assessment tools.

Home-Based Early Education

Home visits advance parents' skills as primary educators and promote the healthy growth of children from birth to 3 years old. This initiative targets low-income families unable to access center-based care. This program provides a variety of services: developmental and

emotional screenings, monthly infant health checks by a registered nurse, nutrition assessments and life-skills education for parents.

Lucy R. Sprague Summer Camp

Lucy R. Sprague Summer Camp is a four-week day camp for youth whose lives are impacted by family illness. The camp provides a place for children to enjoy summer, build lasting friendships and learn about healthy living. Throughout the year, Children's Place also hosts recreational and social events for client families, providing safe, nurturing and fun environments for children and adults to connect with a supportive network of their peers.

Support Housing

Children's Place provides subsidized apartments and supportive services for families facing health issues and housing insecurity. With the opening of the new West Humboldt Place building in October 2015, Children's Place now provides furnished apartments for 22 families. The program includes a dedicated case manager and other supportive services to help vulnerable families stabilize, improve their health, access education and job training and work towards self-sufficiency.

Residential Center

The Residential Center provides a 24-hour nursing care to children with serious health issues like cancer, heart ailments, epilepsy, spina bifida and complications from substance exposure. Most of these young children have been abused or neglected and, as a result, are wards of the state. This 10-bed center is dedicated to helping these children transition to safe, stable homes – either with the Children's Place Foster Care Program or through another agency.

Foster Care and Adoption

Children's Place believes strongly in keeping families together, making every effort to support the parent/child relationship. However, in situations of child abuse or neglect, foster care placement often becomes necessary. This program matches children with capable, loving foster parents who are trained to care for each child's specific needs. For children unable to return to their birth families, Children's Place also facilitates adoption. Most foster children we serve also have special needs, including medical conditions and behavioral health issues.

FY18 Highlights of The Children's Place Association (Chicago Program Data):

- Individuals served (all programs): 365 (305 children, 60 adults)
- Arthur E. Jones Early Childhood Care and Learning Center: 107 children served
- Home-Based early Education: 73 children served
- Residential Center: 22 children served
- Foster Care and Adoption⁹: 68 children served/12 children achieved permanency

⁹ 43 children had disabilities or other special needs

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- Supportive Housing: 20 families (26 children/28 adults) were stably housed
- Case Management: 163 families received case management
- Mental Health Counseling: 25 clients received mental health services
- Lucy R. Sprague Summer Camp: 11 children participated in the 2018 Summer Program

Guardian Center Child Advocacy Center: The program provides services including child-sensitive interviews, advocacy for child victims and their families, MDT case review and training in child-sensitive investigations, referrals for specialized medical exams, court preparation and community education. The client capacity under this DCFS Agreement is 100. The Guardian Center Carmi and Harrisburg offices serve sexually and physically abused children, newborn-18, from the counties of White, Gallatin, Saline, Edwards and Wabash. The Healing Harbor satellite office serves sexually and physically abused children, ages newborn-18. Guardian Center serves the counties of Crawford, Lawrence, and Richland, in Southeastern Illinois. These counties are rural and have limited access to services for child abuse and neglect. All clients referred will be served with no denial of services unless the program is at capacity or the case does not meet the criteria set forth in the county protocols. No one is denied services due to handicap, race or religious orientation.

The Guardian Center partners with the Children's Medical Resource Network to provide specialized forensic examinations for abused children. A program of the Southern Illinois University School of Medicine's Department of Pediatrics, CMRN provides competent, compassionate, geographically accessible care to the children of rural Southern Illinois, making care available where there previously was no specialized care for abused and neglected children.

Hamdard Healthcare. Hamdard is a not-for-profit organization established in 1992 as a proactive response to address the critical needs of the South Asian, Middle Eastern and Bosnian communities. The program serves intact families who are at risk of formal involvement with the child welfare system. Services promote permanency by maintaining, strengthening and safeguarding the functioning of families and ensuring the well-being of children by providing:

- individual and group counseling;
- supervised visitation and anger management classes;
- psychiatric and primary health care;
- translation and interpretation services in over one dozen languages including: English, Arabic, Urdu, Hindi, Gujrati, Punjabi, Telegu, Bosnian, Serbian, Croatian, Russian, Tagalog and Spanish;
- services for victims of domestic violence and their children including crisis intervention, emergency shelter, the provision of basic needs such as culturally-appropriate food and personal care items, transitional housing, advocacy, counseling, case management, and translation/interpretation;
- case management including assistance with applying for public benefits;
- employment counseling;

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- academic tutoring and skill-building through the after-school youth development program; and
- outreach and education to the community.

Activities and programs:

- **Domestic Violence Program** - This program offers a 24-hour toll-free crisis line, counseling, advocacy, and supportive services for victims of domestic violence and their children. The treatment focus for survivors of domestic violence is empowerment based. The main goals of the program are to achieve empowerment, economic sustainability and safety planning to achieve self-sufficiency in a life free of violence. Clients are provided with culturally-appropriate services to ensure a comfortable environment. This includes providing them with ethnic groceries and clothing as well as being cognizant and respectful of all religious holidays and rituals. All services for victims of domestic violence are provided free of charge.

All staff has 40 hours of domestic violence training. On average, clients receive 4 units of individual counseling, 8-12 units of group counseling, and 8-16 units of case management and advocacy per week.

- **Mental Health** – This program provides individual and group counseling, psychiatric care, and supervised visitation. A sliding fee scale is used based on income level. The main goal of this program is to improve quality of life and preservation of the family unit.

On average, clients receive 4 units of assessment and 4-8 units of individual counseling per week; however, this varies based on diagnosis. Hamdard utilizes many evidence-based tools to assess a client's level of functioning such as the Global Assessment of Functioning (GAF), Beck Depression Inventory, Bender Gestalt, and WAIS. Clients are provided with a Biopsychosocial Assessment prior to seeing a psychiatrist. Medication monitoring by the psychiatrist takes place once per month. Hamdard provides supervised visitations on-site to non-custodial parents and their children.

- **Partner Abuse Intervention Program** – This program provides group counseling to male abusers from both the Addison and Chicago offices. The goal of this program is to help these individuals to recognize, understand, and ultimately change their abusive behavior. Working toward that goal, the men participate in a psycho-educational program, which consists of a two-hour session per week over a 26-week period. The program is based on the internationally recognized Duluth Domestic Intervention Project Model, which is DCFS program compliant. Fees for the program are set by the county probation departments. The program is staffed by a certified part-time Clinical Psychologist and part-time social worker in Addison and counselors in Chicago. All staff has received 20-hour PAIP Facilitator training. The program serves approximately 30 men each year, but has the capacity to accommodate up to 12 men each session.

Hobby Horse House of Jacksonville. Hobby Horse House offers private adoption, Safe Start Program (services for those in crisis pregnancy situations), habilitation/parent coaching, divorced parenting classes, visitation, Extended Family Support Program and counseling services.

The CAPTA Basic Grant supports the Positive Parenting Program. The Positive Parenting Program is open to the community with a focus of working with families involved within the Child Welfare System, including but not limited to families in need of support, guidance, and/or foster families struggling to provide the much-needed nurturing of children placed in their homes.

The family centered treatment program establishes therapeutic supports for the parents and children to learn similar knowledge and skills to improve the quality of their lives and build nurturing skills as an alternative to abusive and neglectful behaviors.

The program assists families in building self-awareness, positive self-concept/esteem, building and enhancing levels of empathy, enhancing family communication and awareness of needs, replacing abusive behaviors with nurturing behaviors, and promoting healthy physical and emotional development. The program is designed to intervene to prevent further escalation of the early stages of maltreatment and to replace old, existing harmful patterns of family interaction with newer, nurturing patterns of interaction. Those participants in need of further assistance are referred to other helping agencies.

The Positive Parenting Program also provides home visits where parents and children interact and practice their new skills, which strengthens the family unit. The home visiting services are completed by the facilitators for six (6) to eight (8) sessions. These sessions are utilized to address specific issues relevant to the family. Home visiting services are required of all DCFS referred families. All other families may be included in these services if deemed necessary.

Madison County Child Advocacy Center: The program provides coordinated investigations, forensic interviews, case management, and MDT coordination and contracted counseling services for children involved in allegations of sexual abuse and severe physical abuse. Clients are children between the ages 3-17 who reside in Bond or Madison Counties and who are involved in allegations of sexual abuse or severe physical abuse with law enforcement and/or child protection. From the Center's Protocol, the Center will accept any child meeting these criteria regardless of race, religion, creed, nationality, age, gender or sexual orientation. The office and building are fully handicapped accessible. Client capacity under the DCFS Agreement is 475.

Program Level Outcomes:

- The CAC will provide at least one training opportunity for CAC staff and MDT each quarter;
- At least once per quarter, CAC staff will promote and publicize the CAC through participation in community education forums;
- The CAC Advisory Board will review the Center's Protocol annually;
- The CAC Forensic Interviewers will participate in quarterly peer reviews related to forensic interviewing to provide ongoing quality assurance and monitoring;

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- The CAC will coordinate the investigation and provide a recorded forensic interview for approximately 430 children involved in allegations of sexual abuse;
- The CAC will coordinate the investigation and provide a recorded forensic interview for approximately 70 children involved in allegations of severe physical abuse;
- The CAC will coordinate the investigation and provide a recorded forensic interview for approximately 60 children involved in allegations of other matters;
- Approximately 70 children interviewed at the CAC will receive a specialized medical exam related to sexual abuse;
- Approximately 10 children interviewed at the CAC will receive a specialized medical exam related to physical abuse;
- The CAC will provide advocacy and support services to approximately 840 clients; and
- The CAC will refer approximately 400 clients for mental health services.

The Parent Place: The Parent Place utilizes peer education –our professionally trained staff are parents themselves and quite often their gender, life experiences or ethnicity is specific to the clients they are serving. Services include:

- **Court Advocacy** – a court advocate is available to assist any relative caregivers in obtaining legal guardianship of minor children in Sangamon County. This service includes information and referrals for other caregiver resources and is provided free of charge.
- **Relatives as Parents Network (RAPN)** - An education support group meeting for all relative caregivers of minor children, including free dinner and children’s program. Objectives and goals of RAPN:
 - Education and discussion on topics relevant to relative caregivers
 - Referrals to community resources
 - Professional speakers
 - Entitlement education and assistance
 - Respite
 - Children’s support services
 - Practical answers and discussion on common parenting questions
 - Peer interaction
 - YMCA youth scholarships
 - Holiday Adopt-a-Family program
- **1-2-3 Magic** - A two-week class which focuses on getting children to stop specific behaviors (tantrums, whining, pouting and fighting) and provides practical and simple tools to use when disciplining children ages 2-10.
- **Individualized Family Coaching (IFC)** - Offered to parents searching for a service that is focused on their family and its specific needs. IFC allows the professional staff at

The Parent Place to design individualized education and support services based on a family's unique challenges. All parents experience conflict within their family. Additional stressors, such as developmental stages, divorce, loss of a loved one, transitions, medical situations, greatly impact the day-to-day life of family members. IFC gives parents the tools to guide their families through difficult times. IFC is not mental health counseling, it is an educational/support service.

- **Family Mediation** - Mediation provides an opportunity for families to resolve conflict effectively, while eliminating a win/lose situation. Mediation is being used by an increasing number of parents to work out relevant issues in a cooperative process as opposed to a competitive one. Mediation is a process. The process is most successful with couples who remain child focused. The 4 steps of Mediation include: (1) setting the stage for mediation; (2) defining the issues; (3) processing the issues; and (4) resolving the issues. Mediation is a confidential process. Neither the mediator nor their records will be subpoenaed for court proceedings. Information will not be divulged outside of mediation unless required as a licensed mandate report of child abuse or in the event of threat of personal injury. The mediator will serve as the facilitator of the communication between both parents and will assist in clearly identifying goals and communicating effectively. At the completion of the mediation session a document entitled a Memorandum of Understanding will be drafted. This is a summary of the work done and agreements reached in the mediation session. Each co-parent will review this document to insure it accurately reflects the agreements reached during mediation prior to signing. Parents may then share this document with their legal counsel or present it directly to the judge presiding over their case if applicable.
- **Positive Co-Parenting** - An Illinois Supreme Court ruling became effective July 1, 2006 that states all parents with minor children who separate/divorce must complete a 4-hour mandated class. Positive Co-Parenting is designed to provide parents tools necessary to maintain focus on their children during the process of rebuilding after a separation/divorce.
- **Mastering Our Mothering Skills (MOMS)** - MOMS is a 16 week/48-hour education class, continuously cycling throughout the year. Participants in this class are provided transportation and childcare as needed for the services offered. The opportunity for 1:1 instruction is provided thirty minutes before and thirty minutes after class. This class focuses on six protective factors and includes access to workshops on 1-2-3 Magic (Discipline). Clients are taught about nurturing oneself as well as their family, stress management, proper supervision, communication skills, self-esteem strategies, age-appropriate activities and relationship building strategies among others. Homework assignments are based on client background information received in the referrals and class assignments. Clients are given the opportunity to lead a topic of discussion and build upon the skills they have learned when they are interested in doing so. Educational skills are acquired through small group exercises, guest speakers (concrete supports), in class

workshops, out of class workshops, videos and class discussion. The class sessions are held for three hours and structured for maximum opportunity to acquire new skills. The Nurturing Parenting 16-week program curriculum is used for this program. Individual goals and home visits are scheduled to assist with client skill attainment. Participants earn a certificate upon successful completion of the class.

- **Defining and Developing Skills (DADS)** – DADS is a 16 week/48-hour education class, continuously cycling throughout the year. This is an all-male class. These sessions focus on establishing paternity, communication, and issues effecting non-custodial fathers, domestic violence, substance abuse, manhood and discipline along with the protective factors. Transportation and childcare are available for this class when requested. The class utilizes video, peer education, guest speakers and hand-outs. Individual client goals are set through-out the class to nurture the family as well as individual parent. Homework assignments are based on workbook assignments. Participants earn a certificate upon successfully completing the class. The curriculum for this service is the Nurturing Parenting program.
- **The Diaper Pantry** - While diapers are the draw for the family, the true purpose of the program is to create a relationship with families of children two years and younger. This program offers an open forum to discuss issues and ask for assistance. Quite often these families have little or no support during this very trying time. Establishing an ongoing relationship with these parents allows them to feel comfortable to ask The Parent Place staff about other concerns and needs they have in their lives. Education is offered on topics such as nutrition, literacy, summer safety, cold weather preparedness. Ongoing workshops on potty training and 1-2-3 Magic are offered monthly. A large event is held annually at the zoo for clients, other social service agency clients and at-risk students in the local school district, called “Taming Literacy,” which offers literacy-based activities in a fun environment. The Parent Place is a child abuse prevention agency helping parents to reduce the stress in their homes while creating a healthier environment for the whole family.

Prevent Child Abuse IL. The mission of Prevent Child Abuse Illinois is to prevent child abuse by providing statewide leadership through education, support for community initiatives, and advocacy. Prevent Child Abuse Illinois is the chartered state chapter of Prevent Child Abuse America. The agency seeks to accomplish their mission through the goals of public awareness, partnership, advocacy, education, community outreach, program development, and organizational competence. The Child Abuse Prevention Development Project serves the entire state of Illinois, covering all 102 counties, all DCFS regions and all 62 LANs. The Project Director, 4 Prevention Specialists, a Prevention Associate, and a Healthy Families Illinois Associate provide services. The Prevention Specialists are located within DCFS offices in Cook County, Glen Ellyn, Bloomington, and East St. Louis.

Prevent Child Abuse Illinois is committed to building grassroots coalitions throughout Illinois to address the needs of local communities. Child Abuse Prevention (CAP) Coalitions bring together

community members, parents, health care workers, law enforcement, school personnel, social service providers, civic organizations and others interested in preventing child abuse and neglect and promoting healthy communities. CAP Coalitions enhance public enthusiasm for positive family support and engages local individuals and organizations around key prevention activities. Local networking increases financial and human resources, enhances cultural understanding and addresses the needs of each unique community. Programs:

- **Effects of Domestic Violence on Children** – training and support materials addressing childhood trauma and its impact on brain development. PCA Illinois staff were actively involved with events, meetings, training, and social media that centered on issues related to domestic violence and children living in violent homes.
- **Effects of Substance Abuse on Children** – PCA Illinois headed up the 11th Annual Metro East Meth + Other Drugs Conference, attended by over 400 professionals. In addition, the 1st Annual Drug Endangered Children Conference was also a great success, drawing over 300 attendees. PCA IL staff across the state provided trainings and organized partnership meetings to address issues such as access to treatment, current drug trends, and promoting recovery.
- **Child Sexual Abuse Prevention Program** - Child sexual abuse continues to be the most underreported form of child abuse across the United States and in Illinois. Prevent Child Abuse Illinois provides child sexual abuse prevention training and technical support throughout Illinois.
- **Child Abuse Prevention Coalitions** - Child Abuse Prevention Coalitions are local groups of community members made up of social service providers, health care professionals, law enforcement, parents, business representatives and others working together to address and prevent child abuse and neglect within their community. These coalitions work on issues such as child sexual abuse, mandated reporting, resource development, and education and public awareness.
- **Literature Distribution** - The Prevent Child Abuse Illinois Literature Distribution Program provides educational materials on child abuse prevention and related topics at no cost to individuals and organizations throughout Illinois. Literature is distributed both in English and Spanish to hospitals, clinics, public health departments, schools, and social service agencies. These organizations provide the materials to Illinois families in their local communities, promoting child abuse prevention and positive parenting.
- **Supporting New Parents:**
 - **Home Visiting** - Home visiting for new parents and their children offers invaluable support during the most critical early developmental years of a child’s life. Home visiting enhances parenting skills, connects families to community resources, and provides guidance on childhood development. It also assists young parents in

completing their education and finding meaningful employment. Prevent Child Abuse Illinois supports Home Visitor programs in Illinois by serving on the Home Visiting Task Force, providing staff support to Healthy Families Illinois, developing a home visiting track at our annual conference, and by working with stakeholders to advocate for the funding and resources home visitor programs need to continue to serve Illinois children and families.

- **Safe and Happy Babies** - Prevent Child Abuse Illinois' Shaken Baby Syndrome Prevention and Happiest Baby on the Block programs work together to keep babies safe. Implemented in 2016, PCA Illinois staff introduced information on Safe Sleep Environments for Infants into both programs. Staff continued to provide "Shaking a Baby Can Be Deadly" training and Dr. Karp's "Five S's" to soothe a crying infant. The Shaken Baby Syndrome Prevention train-the-trainer program was also updated in 2016 to meet DCFS licensing standards.

2018 Highlights:

- PCA developed the PCA Illinois Childhood Trauma Program, featuring 6 trainings:
 - Trauma 101: The Impact of Childhood Trauma;
 - Addressing Secondary Trauma;
 - Poverty: Cycles of Risk;
 - Effective Engagement; The Key to Building Resilience in Youth and Families;
 - Building a Road to Resilience; and
 - Understanding ACEs: Why the Body Doesn't Forget
- PCA Illinois hosted a Stewards of Children Certified Facilitator (train-the-trainer) training for 20 community partners: 2,060 children protected through PCA Illinois trainings in 2018
- PCA Illinois distributed 2,489 copies of our Effects of Domestic Violence brochures across the state;
- PCA Illinois distributed 2,535 copies of the Substance Abuse and Families brochures across the state;
- PCA Illinois distributed 5,608 copies of our Shaken Baby Syndrome brochures across the state.

Safe Families for Children: Safe Families for Children (SFFC) is a network of host families, volunteers, not-for-profit agencies, and churches that extends the community safety net by providing parents in need with support to care for their children. The SFFC movement is a perspective/concept that the safety and health of children in our communities is all our responsibilities, and that the birth parents are the key to providing that safety for their children. SFFC is about strengthening and supporting parents so they can be safe families for their own children.

The voluntary and non-coercive nature of Safe Families for Children is a hallmark of the program. Parents in crisis can place their children in safe homes without worrying about losing custody of their children. They are encouraged to be actively involved in their children's lives and participate in all decisions regarding their children. Safe Families are

Screened and approved like foster care. The program accepts referrals from DCFS investigators, intact family workers, Child Abuse Hotline, differential response program, Family Advocacy Centers, Child Welfare Services Intake program, and the DCFS Teen Parenting Program. Safe Families also takes referrals directly from parents and other community providers. It also relies on most of the protective factors: knowledge of parenting of child and youth development, parental resilience, social connection, concrete supports for parents and social and emotional competence of children. The program also provides the following services: placement of children in a Safe Family, case coordination and referrals, parent mentoring, monitoring and supporting children who are staying with relatives, and www.youshare.org - an expansive resource network of goods and services. The following services are available as needed: psychological evaluations, parental competency evaluations, day care, individual counseling and parent-child interaction therapy.

Sangamon County Child Advocacy Center: The Sangamon CAC coordinates the investigation of child sexual and severe physical abuse cases in Sangamon, Christian, Logan, and Menard Counties. The CAC also provides victim sensitive forensic interviews, advocacy services, and case review for all referred cases. Additionally, the CAC provides referrals to crisis intervention counseling by contracting with local therapists who are trained in trauma-focused cognitive behavioral therapy. The CAC has a Sexual Abuse Prevention Education program which is offered in the local schools for children in grades K through 6. The CAC also operates the local Court Appointed Special Advocate (CASA) Program and delivers services to children in foster care. CASA provides specially trained volunteers to be assigned to cases of abused/neglected children by the juvenile court judge. CASA serves as an intricate part of the judicial proceedings by assisting the judge in making a final decision about the future of a foster child.

Client capacity under this DCFS Agreement is approximately 360 child victims at any given time with a no-decline policy as defined in their county protocol.

Additional services:

- **A Good Rule to Know.** Students in grades K-6 hear a personal safety lesson that uses a safety rule format. The program teaches the safe rule that ‘no one should touch the private parts of your body unless it is to keep you clean or healthy.’ The Center’s personal safety programs are specifically designed to meet the developmental needs of each age group/grade level. All programs encourage children to talk to a grown up.
- **Christian County Services** - The CAC coordinates the investigation of child sexual abuse cases upon request of a Christian County MDT. When a case is received the CAC staff arranges a forensic interview at the Center. Other CAC services such as advocacy, crisis intervention and other support services are offered and provided to victims and families throughout the life of the case.
- **Logan County Services** - The CAC coordinates the investigation of child sexual abuse cases upon request of a Logan County MDT. When a case is received the CAC staff arranges a



victim forensic interview utilizing the equipped interview space at the DCFS Lincoln field office or at the Center in Springfield. Other CAC services such as advocacy, crisis intervention and other support services are offered and provided to victims and families throughout the life of the case.

- **Menard County Services** - The CAC coordinates the investigation of child sexual abuse cases upon request of a Menard County MDT. When a case is received the CAC staff arranges a forensic interview at the Center. Other SCCAC services such as advocacy, crisis intervention and other support services are offered and provided to victims and families throughout the life of the case.

University of Chicago MPEEC. The University of Chicago is an internationally recognized academic center with a tertiary medical facility with a level 1 trauma center for both adults and children; a nationally recognized Burn Unit and Comer Children's Hospital - a tertiary children's medical center.

The Comer Children's Child Advocacy and Protection Services (CAPS) team, is a medically directed interdisciplinary team. The CAPS program has a robust clinical, advocacy and academic mission. Comer Children's hospital has institutionalized policies and protocols for the identification, evaluation and treatment of children with concerns for any form of child maltreatment. Annually over 300 children admitted to Comer Children's who receive comprehensive consultations by the CAPS team and between 500-600 hundred children are evaluated and treated in the ER setting. The CAPS team consists of 12 medical pediatric social workers, a CAPS clinical social work coordinator, 2 child abuse pediatricians, 1 physician assistant and an administrative assistant. Child Abuse Pediatrics is a boarded subspecialty that is dedicated to the care and treatment of abused and neglected children, and unique to this subspecialty child abuse pediatricians are medical experts in the diagnosis of child abuse- child abuse pediatricians are unique in that their training is in the discerning between manners of injuries.

The University of Chicago is the lead program and the fiscal agent for the Multidisciplinary Education and Evaluation Consortium (MPEEC).

MPEEC Hospitals

The two MPEEC hospitals are leaders in responding to child maltreatment by forming hospital-based comprehensive medically-directed interdisciplinary teams for identification, evaluation, treatment and advocacy for children and their families where there are concerns for child maltreatment. Each hospital is part of an academic center and has made a commitment to educational and scholarly efforts towards promoting expansion of knowledge in this field and education of future doctors and medical professionals in child abuse medicine.

Each site has an academic entity with a commitment to at least 1 full time child abuse pediatrician and trained medical social workers. All three have a 24-hour response to all forms of child maltreatment which includes ER, ICU, Burn Unit and subspecialty care.

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The medically directed child abuse teams have developed hospital based policies and protocols for the identification of suspected child abuse and more unique to these sites have child abuse pediatricians who direct interdisciplinary collaboration within the hospital in tandem with DCFS and law enforcement to provide medical expert opinions regarding the diagnosis of child abuse.

Each site has developed systems to engage with DCFS and law enforcement to promote a MDT response, each site drafts written consultations that address the diagnosis of child abuse and in many cases, provide expert testimony in juvenile and criminal courts.

This CAPTA Basic State Fund funds the MPEEC and its activities to coordinate multidisciplinary investigations involving investigators from DCFS and law enforcement agencies and expert Child Abuse Pediatricians for allegations of severe physical abuse of children who reside in Chicago, under the age of 36 months of age, who are reported for the following allegations:

- Head trauma (2/52)
- Bone fractures (9/59)
- Internal injuries (4/54)
- Burn injuries (5/55) - cases that present to MPEEC hospitals and a child abuse consultant is requested by treating medical staff
- Cuts, welts, bruises and abrasions (11/61) - cases that present to MPEEC hospitals and a child abuse consultant is requested by treating medical staff.

MPEEC provides mandated medical expert consultation which results in a written opinion by a child abuse pediatrician for cases that meet criteria; these are referred to as mandated cases regardless of their location of treatment.

MPEEC also provides the opportunity for DCFS to request expert case review of cases that do not meet MPEEC criteria; these are referred to as MPEEC second opinions.

MPEEC's case coordination and medical expert services ensure that the most accurate medical diagnoses are given (precision) and in a timely fashion (efficiency) so that children who have not been abused are not needlessly subjected to prolonged investigations, while children who have been abused receive appropriate safety evaluation and intervention. The goal is error reduction by promoting interagency collaboration and inclusion of the expertise of child abuse pediatricians to promote investigations to be medically informed.

MPEEC physicians and the MPEEC investigations coordinator will provide education on child abuse to DCFS during investigations and in MPEEC two day trainings covering medical topics in child abuse.

University of Illinois College of Medicine at Rockford. The University of Illinois College of Medicine at Rockford developed the Medical Evaluation and Response Team (MERIT) program to improve the intake, assessment, screening, and investigations of reports of child abuse and neglect.

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This program is jointly funded by the CAPTA Basic State Grant and the Children Justice Grant. The MERIT program provides medical advocacy for children (DCFS and non-DCFS clients) ages 0-17 who are alleged victims of sexual or physical abuse, and/or neglect, including:

- Comprehensive medical assessment, evaluation and diagnosis;
- Appropriate and timely follow-up of targeted medical services for each child as it pertains to abuse and neglect;
- Documentation of findings and recommendations for follow-up to referral source;
- Data tracking of each child served;
- Medical expert consultation on difficult cases on when additional medical needs are identified;
- Parent education and support;
- Court testimony and preparation;
- MDTs;
- Educational resource for physicians and other healthcare providers; and
- Training of MDT members on child maltreatment.

MERIT is staffed by two full-time case coordinators and two part-time medical providers. The two medical providers have a combined schedule of 4 days per week for MERIT. With an annual caseload of 270-300 case every calendar year. MERIT case Coordinators are responsible for 135-150 cases each. They are assigned at intake and follow the case and all its activities through to verdict and sentencing. MERIT receives referrals from 14 northwestern Illinois counties.

University of Illinois Pediatric Resource Center. The Pediatric Resource Center (PRC) is funded through the CAPTA Basic State Grant and the Children’s Justice Grant. The PRC was developed to provide medical evaluations and social services to children under investigation for child abuse and neglect. It is a program of the University of Illinois, College of Medicine of Peoria, and serves 40 counties in the Central Region of Illinois. The program expanded when the DCFS Peoria Regional Administrator linked the PRC with the Central Child Protection Division of DCFS to provide education, training, and consultation to medical providers around the state. By providing specialized medical evaluations and case coordination services to children when concerns of physical or sexual abuse, as well as neglect have been raised, the PRC works to ensure that children are in a safe environment by working with DCFS. In addition, the medical evaluations ensure that the physical well-being of the children is addressed so that healthcare needs are met.

The program serves any child under the age of 21 years, under DCFS Guardianship, who is suspected or known to be sexually abused, physically abused, or neglected, and any child under the age of 18 years who is under investigation by DCFS and/or law enforcement for an allegation of sexual abuse, physical abuse, or neglect.

The primary focus of this Agreement is to provide services to professionals who work in the field of child abuse and neglect. The PRC will provide numerous services to these individuals including: education and training to increase their knowledge of child abuse and neglect investigation and

treatment; provision of information on adjunct services for the children they serve; and to provide consultation on client services, policy and procedures, development of protocols, and technological assistance. Emphasis will be given to the provision of training to physicians and other health care providers to enable them to perform quality child abuse evaluations or identify situations to refer to specialized providers.

Interpreter services are provided as needed such as sign language, Spanish speaking and other languages are available as well.

Will County Child Advocacy Center. The Will County CAC was established to improve the way child abuse cases re investigated. The center’s staff performs child-sensitive interviews when there are allegations of sexual or severe physical abuse. These interviews are conducted by training and caring professionals in a non-suggestive, child-friendly environment. The children’s recorded statements have been used in the successful prosecution of hundreds of child predators.

At the CAC, children who have suffered abuse can tell their stories to trained professionals in a non-threatening, non-suggestive environment. The goal is to reduce the child’s trauma by obtaining their statement in a one-time, videotaped interview. The CAC guides children and families through the interview process and provides critical follow-up assistance after a family leaves the Center.

Outcomes:

- The CAC will ensure 100% of referred children receive a coordinated investigation involving DCFS, and/or law enforcement and the state’s attorney’s office.
 - Sexual Abuse Investigations..... 412
 - Physical Abuse Investigations 12
- The CAC will ensure 100% of referred children suffering an alleged sexual abuse or severe physical abuse receive a recorded forensic interview on site.
 - Sexual Abuse Investigation 424
 - Physical Abuse Investigation..... 12
- The Will County CAC will ensure 100% of the 424 children served by the CAC will be provided full advocacy services.
 - Projected..... 424

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